

03-27-01

A

UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorney Docket No.

CRNG.010

Total Pages

3

Case No.: SP01-024

First Named Inventor or Application Identifier | Antoniadou et al

Title | Performance Optimizer for Transmission Systems

Express Mail Label No.

EL689102716US

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

ADDRESS TO:

1. ☒ * Fee Transmittal Form
(Submit an original and a duplicate for fee processing)2. ☒ Specification [Total Pages 16]

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description

3. ☒ Drawing(s) (35 U.S.C. § 113) [Total Sheets 2]4. ☒ Oath or Declaration [Total Pages 3]

- a. ☒ Newly executed (original or copy)
- b. ☐ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

5. ☐ Microfiche Computer Program (Appendix)6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy (identical to computer copy)
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- 7. ☒ Assignment Papers (cover sheet & document(s))
- 8. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
- 9. ☐ English Translation Document (if applicable)
- 10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
- 11. ☐ Preliminary Amendment
- 12. ☒ Return Receipt Postcard (MPEP 503)
(should be specifically itemized)
- 14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
- 15. ☐ Other:

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 08/

Prior application information: Examiner: «EXAMINER» Group / Art Unit: «GROUP_ART_UNIT»

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label or ☐ Correspondence address below

NAME	Susan Morse				
ADDRESS	12200 Sunrise Valley Drive, Suite 150				
CITY	Reston	STATE	VA	ZIP CODE	20191
COUNTRY	USA	TELEPHONE	703-715-0870	FAX	(703) 715-0877
Name (Print/Type)	Mary Y. Redman	Registration No. (Attorney/Agent)	29,881		
Signature	[Signature]		Date	3/26/01	

FEE TRANSMITTAL for FY 2000

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Neophytos Antoniades
Examiner Name	
Group / Art Unit	
Attorney Docket Number	CRNG.010 Case No.: SP01-024

TOTAL AMOUNT OF PAYMENT (\$) **1,300.00**

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **03-3325**

Deposit Account Name **Corning Incorporated**

☒ Charge Any Additional Fees Required Under 37 C.F.R. §§ 1.16 and 1.17

2. ☐ Payment Enclosed:
☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	Utility filing fee	710
106	320	Design filing fee	
107	490	Plant filing fee	
108	710	Reissue filing fee	
114	150	Provisional filing fee	
SUBTOTAL (1)			(\$)710

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
35	20** = 15	x 18 =	510
Independent Claims	4	- 3** = 1	x 80 = 80

Multiple Dependent =

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Entity Fee (\$)	Fee Description
103	18	Claims in excess of 20
102	80	Independent claims in excess of 3
104	270	Multiple dependent claim, if not paid
109	80	** Reissue independent claims over original patent
110	18	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **(\$)590**

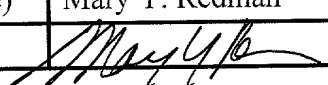
FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2,520	For filing a request for reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	390	Extension for reply within second month	
117	890	Extension for reply within third month	
118	1,390	Extension for reply within fourth month	
128	1,890	Extension for reply within fifth month	
119	310	Notice of Appeal	
120	310	Filing a brief in support of an appeal	
121	270	Request for oral hearing	
138	1,510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1,240	Petition to revive - unintentional	
142	1,240	Utility issue fee (or reissue)	
143	440	Design issue fee	
144	600	Plant issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Stmt	
581	40	Recording each patent assignment per property (times number of properties) _____ x	
146	710	Filing a submission after final rejection (37 C.F.R. § 1.129(a))	
149	710	For each additional invention to be examined (37 C.F.R. § 1.129(b))	
Other fee (specify) _____			
Other fee (specify) _____			
*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$)

SUBMITTED BY

Completed (if applicable)

Name (Print/Type)	Mary Y. Redman	Registration No. (Attorney/Agent)	29,881
Signature		Date	3/26/01